



STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

PURCHASING CARD TRAVEL INSTRUCTIONS

You, _____, are authorized to incur travel expenses using the State of Florida, Department of Juvenile Justice Purchasing Card resources, for the period of _____ to _____ as described in the following itinerary.

If you must cancel a reservation, do so immediately upon learning of the change in travel plans. Obtain a cancellation number from the merchant. Notify me at telephone number _____ or fax number _____. If necessary, leave a message on my voice mail.

You may incur only 100 percent reimbursable expenses on my purchasing card account. When you check into a hotel, you should be prepared to produce these *Purchasing Card Travel Instructions* and a picture identification. Further, you must present a credit card in your name or a cash deposit for incidental or personal expenses you incur while at the hotel.

Meals are not a 100 percent reimbursable travel expense and, therefore, may not be charged to the purchasing card. You should be prepared to pay for your meals from your own personal funds or credit card. You will, however, be reimbursed at the established rate for meals by submitting a Voucher for Reimbursement of Travel Expenses.

If you plan to extend your stay for personal reasons beyond the period authorized above or in accordance with the following itinerary, you must terminate further charges to my purchasing card account number. Payment for further charges shall be your personal responsibility.

Cardholder (Print Name): _____

Cardholder's Signature: _____ Date: _____

Traveler (Print Name): _____ SSN: _____

Traveler's Signature: _____ Date: _____

Procurement Card Tax Exemption Number: **47-04-039143-52C**

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ITINERARY

Travel by common carrier or state vehicle:

Date: _____ To: _____

Carrier/State Agency: _____ Amt. _____

Date: _____ From: _____

Carrier/State Agency: _____ Amt. _____

Date: _____ To: _____

Carrier/State Agency: _____ Amt. _____

Date: _____ From: _____

Carrier/State Agency: _____ Amt. _____

Accommodations:

Date: _____ Location: _____ Confirmation No: _____ Amt. _____

Vendor Name: _____ Allowable (specify): _____

Date: _____ Location: _____ Confirmation No: _____ Amt. _____

Vendor Name: _____ Allowable (specify): _____

Date: _____ Location: _____ Confirmation No: _____ Amt. _____

Vendor Name: _____ Allowable (specify): _____

Other: _____